

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 PM 12:40

DOCUMENT # 544477

1. Corporation Name

JAN DEVELOPMENT CORPORATION OF POLK COUNTY

2. Principal Office Address

903 AVE T NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33881

Country

POLK

3. Mailing Office Address

903 AVE T NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33881

Country

POLK

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1977

5. FEI Number

59-17779209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CUNNINGHAM, ALFREDA S

Street Address (P.O. Box Number is Not Acceptable)

903 AVE T NE

Suite, Apt. #, Etc.

800062228408

12/16/05 01045 011 **999.00

City

WINTER HAVEN

State

FL

Zip Code

33881

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alfreda Cunningham
REGISTERED AGENT MUST SIGN

Date

12/15/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	CUNNINGHAM, ALFREDA S	903 AVE T NE	WINTER HAVEN, FL 33881
TD	CUNNINGHAM, JOHN K	903 AVE T NE	WINTER HAVEN, FL 33881

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alfreda Cunningham
Alfreda Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2005

Date

863/293-3876

Daytime Phone #

12/20